

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED OCT 6 1947

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 30896

Registrar's No. 824

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2015 N. Jefferson Ave., /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT

FULL NAME Ernest Ira Brown

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife Dora M. Brown 6. (c) Age of husband or wife if  
alive February 8, 1874 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 7 10 hr. min.

9. Birthplace Michigan (City, town, or county) (State or foreign country)

10. Usual occupation Retired Iron Moulder

11. Industry or business Iron Moulding

12. Name George W. Brown

13. Birthplace Michigan (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ruby Farmer

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 9-20-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cem.

18. (a) Signature of funeral director J. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 9-12-47 (b) M.E. Handley M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2015 N. Jefferson Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18,  
year 1947 hour 3 minute 30A. M.

21. I hereby certify that I attended the deceased from September 11, 1947, to September 18, 1947,  
that I last saw him alive on September 17, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis + Myocardial  
Degeneration Duration 1 Month

Due to Coronary Thrombosis

Due to \_\_\_\_\_

Other conditions Hemiplegia, right side, 2 days  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Herbert C. Coffey (M. D. or other) M.D.

Address Springfield, Mo. Date signed 9-18-47

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**